Little Traverse Bay Bands of Odawa Indians Child Care Assistance Program 7500 Odawa Circle-Harbor Springs, MI 49740 Telephone: (231)242-1626 Fax: (231)242-1635 E-mail:jshananaquet@ltbbodawa-nsn.gov

CHILD CARE ASSISTANCE DOCUMENT CHECK LIST

Thank you for your interest in the Child Care Assistance Program. To insure that your application is processed without delay, it is imperative that your application is complete including all required documents. For your convenience, please use the following check list as a guide.

APPLICANT
Completed and Signed Application Form
Copies of Court Ordered Child Support (In-coming and Out-going)
Copies of 1 month of family's income (Paycheck stubs, Vendor Payments, SS, etc)
Copies of all Family member's Tribal Membership Cards
Copies of all Family member's Social Security Cards
Copies of Foster Care Placement Orders (if applicable)
Verification of Registration and Class and/or Training Schedule (if applicable)
PROVIDER (Forms required by selected Provider)
Signed copy of Day Care Provider Statement
Original copy of W-9
Copy of State License
If you are in need of assistance during the application process, please call me @ (231) 242-1626, or stop in the office located at 915 Emmet Street and I will gladly assist you in completing your application and/or making necessary copies of documentation for you
Sincerely

Julie Shananaguet

Julie Shananaquet

Sr. Community Resource Worker